Office (if applicable)

District (if applicable)

Expense Categories

GATEGORIES	:(૧૭૪)
Office expenses	Α
Expenses related to volunteers	В
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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EL201.doc

Revised: Apr-02

Report Period #

District (if applicable)

David C. Love

Office (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
David C. Love POBOX 8067 REND, NV 84507	8/15/CZ	500	1
David C. Love P. C. Box 8667 Rone, NV 89507	8/15/02	300.00	

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EL201.doc

Revised: May-02

#

DAVID C, Love

ASSEMBLY
Office (if applicable)

District (if applicable)

Contributions of \$100 or Less

DATE OF EACH	AMOUNT OF EACH		
CONTRIBUTION	CONTRIBUTION		
6/4/02	5,00 100,00 100,00		
6/4/02 7/16/02	100,00		
6/4/02	100,00		
/ //			

WWW.DATE	MANAMONKE
DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
A SUBBAINE	IS SOURCEASED TO SERVICE AND ADDRESS OF THE PROPERTY OF THE PR
CONTRIBUTION	CONTRIBUTION
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Revised: Apr-02

PAGE __OF___

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Name (print)

Assembly
Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF RECEIVED R	OyATERGORAY Production (1992) NRC Strongle	'B) :vific(8)는 급성(8)는 '(급)(12급(15)는	AMOUNT OF EAGUENPENSE
Enseidust. 335 E. Gust. Reno, NV 89512 WCROVOTORS		6/18/02	12500
Reno, NV	D	8/6/02	117.5/
Nevada Blue 4068 Kietzke Lone Rone, NV 89502		8/16/05	241.31
ENSOIC 338 E, CH.St Reno, NU 89512	D	7/31/02	130,69
		新疆	12
	7		
		·	

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D) 17-L

Office (if applicable)

District (if applicable)

Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OFFACT EXPENSE	CATEGORY
6/14/02	9,90	A
7/20/02	10,00	A
7/20/02	14.80	A
6/15/02	38,60	A
8/14/02	21.43	H
8/13/02	30,25	A
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BARIENSE.) । ३५%; इ ५ ५३३१४;	CATTEGORY
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PAGE OF

Report Period

#

DAvid C. Love Name (print)

Office (if applicable)

District (if applicable)

IN KIND

None

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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